

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Austin
Inc. Town of
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85761

Registration District No. 2200 Registered No. 121
(For use of Local Registrar)

(2) Full Name of Child Alice Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Jones (14) NAME BEFORE MARRIAGE Olga Cook
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 60 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39
(Years) (Years)
(12) BIRTHPLACE Laurens Co (18) BIRTHPLACE Laurens Co
(13) OCCUPATION Farmer (19) OCCUPATION House work
(20) Number of children born to mother, including present birth 1/2 (21) Number of children of this mother now living, including present birth 1/8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lina Hoff (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
..... 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 8 1916 (28) L. L. Pritchard Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

D A K S A F E T Y